

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE ELECTRONIC FILING REGISTRATION FORM

FOR ATTORNEYS IN MULTI-DISTRICT LITIGATION (MDL) CASES WHO ARE NOT ADMITTED TO THE BAR OF THIS COURT

Instructions: An attorney of record in a case transferred to Delaware (that is part of a Multi-District Litigation (MDL) action), who is NOT a member of the bar of this Court, may register for ECF on a case-by-case basis. Please submit an original signed registration form to the Clerk's Office to request an ECF account. Once issued, a user ID and password will be valid for electronic filing and noticing in this MDL and below noted Dist. of DE case(s) only:

(Please Print or Type all information) MDL CAPTION: DIST. OF DE IN RE: _____ MDL CA # PARTY(IES) RESPRESENTED: DELAWARE CASE(S) CA # Internet E-Mail Address: (Print clearly) Last Name: Generation: (e.g., Jr., Sr.) First Name:______ Middle Initial:_____ Firm's Name: City: _____ State: ____ Zip Code: ____ Phone No.: ______ Do you have a PACER Account (required)? ☐ Yes ☐ No By submitting this form, I hereby agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of ECF. I have independently reviewed both the ECF User's Manual and Civil Tutorial on the Court's web site. I consent to receive service of documents and notice of filings by electronic means via ECF in the circumstances permitted under those guidelines. I understand that the combination of user ID and password will serve as the signature of the attorney filing the document. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect that my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk's Office if there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc. I further understand that my user ID and password are valid for this MDL action only. Signature Date COURT USE ONLY: Submit completed registration form to: (ECF MDL Atty. Reg. Form - Rev. 8/10) DATE REGISTRATION FORM RECEIVED: _____ U.S. District Court for the District of Delaware ATTN: ECF Registration Room 4209, UNIT 18 USER ID: _____PASSWORD:___ 844 N. King Street DATE ISSUED: ______ BY:_____ Wilmington, DE 19801

E-MAIL NOTICE SENT: ____

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